



TOWN OF UXBRIDGE
BOARD OF HEALTH
TOWN HALL
21 SOUTH MAIN STREET
UXBRIDGE, MASSACHUSETTS 01569

APPLICATION FOR MASSAGE THERAPY PERMIT

\$30.00 Per Year (Non-refundable fee due upon approval of application/renewal)

- A. Definition of Services to be provided:
- B. Name of applicant and residential & mailing addresses:
- C. List all telephone numbers where applicant can be contacted before, during and after business hours:
- D. Name and address of any massage therapy business or establishment owned or operated by you:
- E. List your massage therapy or similar business license history.
1. Have you previously operated in this or another town or state?
YES NO
If YES, list details:
 2. Have you had a business license revoked or suspended and the reason therefore:
- F. Applicants: Height: _____ ft. _____ in. Weight: _____ lbs.
 Eye Color: _____ Hair Color: _____ Sex: _____
- G. Attach written evidence that you are at least twenty (20) years of age.
(copy of your drivers license)
- H. Attach proof of a skin test for tuberculosis within the last two years.
- I. Attach satisfactory evidence that the applicant has completed an approved course of Study in massage therapy or bodywork or movement education, as approved by the ACCSCT or AMTA.

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- J. Attach one face front recent photograph at least 2" x 2".
- K. Attach the names, current addresses and written statements of at least two (2) residents of the Commonwealth of Massachusetts, preferably one residing in the Town of Uxbridge, that the applicant is of good moral character. These references must be persons other than relatives or business associates.

I hereby declare, under penalty of perjury, that the foregoing information contained in this application is true and correct.

Signature of Applicant: _____

Date: _____